

EMERGENCY RESPONSE SYSTEM

1.0 SERVICE DEFINITION

- 1.1 An Emergency Response System (ERS) is an electronic device, which enables a high-risk consumer to secure immediate help in the event of a physical, emotional, or environmental emergency.
- 1.2 The ERS system works in conjunction with a landline telephone and is only operable within a limited range of the base unit. The phone connects to a system that is programmed to signal the response center when a help button is activated or when the consumer has failed to contact the center at a specified interval. Once the button is activated, a signal is received by a response center, which is operated by trained staff who are responsible for assuring a response is provided to meet the emergency.
- 1.3 Consumers must agree to have landline service or agree to have such a service prior to authorization of the ERS. The system cannot be installed in conjunction with a cellular phone.

2.0 SERVICE GOAL

- 2.1 To promote safety in the home by eliminating the need to have extensive in-home supervision and by alerting the service provider in the event of an emergency.
- 2.2 To forestall or prevent institutionalization.

3.0 SERVICE UNIT

- 3.1 There are two units of service level:
 - 3.1.1 A one-time initial installation fee.
 - 3.1.2 A monthly equipment rental and monitoring cost.

4.0 SERVICE AREA

- 4.1 The emergency response system is available to all eligible individuals statewide.
- 4.2 ERS providers may apply to serve specified sub-areas within the state.

5.0 ELIGIBILITY

- 5.1 The Emergency Response System (ERS) service is for consumers who are at risk because of one or more safety-related factors including, but not limited to:
 - 5.1.1 Unsteady gait
 - 5.1.2 Risk of falling
 - 5.1.3 Bed bound
 - 5.1.4 Limited communication ability
 - 5.1.5 Other frailty defined by DSAAPD **AND**

- 5.2 One living arrangement risk factor such as:
 - 5.2.1 Living alone
 - 5.2.2 Alone for significant portions of the day
 - 5.2.3 Primary caregiver has limited ability to attend to consumer's needs.
- 5.3 These systems may be voice activated or manually activated mandated by the contract.

6.0 SERVICE STANDARDS

- 6.1 The provider must comply with all applicable Federal, State, and local rules and laws applying to the provision of the service.
- 6.2 The provider must maintain the consumer's right of privacy and confidentiality
- 6.3 Consumers are referred to the service provider by the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) Case Manager. The provider must contact the recipient within five (5) working days of the referral.
- 6.4 The provider must install the equipment within a maximum of ten (10) working days of the referral unless otherwise directed by the DSAAPD Case Manager
- 6.5 The provider will educate the consumer on the operation of the system.
- 6.6 If the provider does not install equipment to begin services within ten (10) working days, the provider must notify the DSAAPD Case Manager regarding the reason for the delay.
- 6.7 The provider must instruct consumers of the need to test equipment at the required frequency of testing and the reporting of maintenance problems.
- 6.8 The provider will respond to reports of equipment problems/maintenance requests within forty-eight (48) hours.
- 6.9 The provider will maintain and update the list of emergency contacts as needed.
- 6.10 The provider will provide DSAAPD with a monthly report of ERS activity.
- 6.11 The consumer is responsible for the proper handling of the emergency response equipment. The provider may bill the consumer for lost or damaged equipment
- 6.12 The provider must notify the DSAAPD Case Manager within two (2) working days when it becomes aware that any of the following occurred:
 - 6.11.1 Consumer's ERS system is activated.
 - 6.11.2 Consumer is hospitalized or institutionalized.
 - 6.11.3 Consumer changes addresses.
 - 6.11.5 Consumer expires
 - 6.11.6 Consumer wants the service withdrawn.

- 6.13 The provider must ensure access to authorized representatives of Delaware Health and Social Services and/or DSAAPD to the consumer's case files.
- 6.14 The provider must comply with DSAAPD quality assurance initiatives related to this program.
- 6.15 The provider must cooperate with DSAAPD to resolve problems which threaten consumer service.
- 6.16 The provider must notify DSAAPD and consumer in writing two (2) weeks prior to termination of services. The notification must include reasons for the termination and steps taken by the provider to resolve the issues.
- 6.17 The provider must give DSAAPD thirty (30) days written notice if terminating five (5) or more consumers at a given time.

7.0 INVOICING REQUIREMENTS

- 7.1 Providers will submit invoices to DSAAPD pursuant to the DSAAPD Policy Manual for Contracts, Policy Number X-Q, Invoicing.

8.0 DONATIONS/COST SHARING

- 8.1 For consumers receiving services under Older Americans Act Title III funding:
 - 8.1.1 Consumers, family members, and/or caregivers must be informed of the cost of providing services and must be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional services available to others.
 - 8.1.2 Providers must have procedures in place to:
 - 8.1.2.1 Inform applicants, family members and/or caregivers of the cost of providing services and offer them the opportunity to make voluntary contributions.
 - 8.1.2.2 Protect consumer's privacy with respect to his/her contribution
 - 8.1.2.3 Safeguard and account for all donations
 - 8.1.2.4 Use the contributions to expand services
- 8.2 For consumers receiving services under state funding:
 - 8.2.1 Providers must have procedures in place to:
 - 8.2.1.1 Inform consumers, family members and/or caregivers of the cost of providing services and explain the sliding fee scale
 - 8.2.1.2 Collect cost sharing fees in accordance with established scale provided by DSAAPD
 - 8.2.1.3 Protect consumer's privacy and confidentiality with respect to consumer's and caregiver declaration of income
 - 8.2.1.4 Safeguard and account for cost-share payment
 - 8.2.1.5 Use the cost-share payment to expand services